

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

10/59/227

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.		DEP.		IND.			IND.		DEP.		IND.		
	1		1		1		1		51		51		51	
2									53		53		53	
3									54		54		54	
4									55		55		55	
5									56		56		56	
6									57		57		57	
7									58		58		58	
8									59		59		59	
9									60		60		60	
10									61		61		61	
11									62		62		62	
12									63		63		63	
13									64		64		64	
14									65		65		65	
15									66		66		66	
16									67		67		67	
17									68		68		68	
18									69		69		69	
19									70		70		70	
20									71		71		71	
21									72		72		72	
22									73		73		73	
23									74		74		74	
24									75		75		75	
25									76		76		76	
26									77		77		77	
27									78		78		78	
28									79		79		79	
29									80		80		80	
30									81		81		81	
31									82		82		82	
32									83		83		83	
33									84		84		84	
34									85		85		85	
35									86		86		86	
36									87		87		87	
37									88		88		88	
38									89		89		89	
39									90		90		90	
40									91		91		91	
41									92		92		92	
42									93		93		93	
43									94		94		94	
44									95		95		95	
45									96		96		96	
46									97		97		97	
47									98		98		98	
48									99		99		99	
49									100		100		100	
TOTAL IND.	3													
TOTAL DEP.		17												
TOTAL CLAIMS	20													